PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/151,278

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER SMALL		
TOTAL CLAIMS			(Column)	.,	\$ 6 A	4.40%		ATE	FEE) 	RATE	FEE
FOR			NUMBER F	R FILED NUMB		ER EXTRA	\vdash	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 5 minus 20= * / 3		5	X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS 12 minus 3 = 14					/		(40=	_	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT					-			1 1				
* If the difference in column 1 is less than zero, enter "0" in column 2					L	135=		OR	+270=			
, , , , , , , , , , , , , , , , , , ,					10	DTAL		OR	TOTAL	THAN		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SI	MALL	ENTITY	OR	OTHER SMALL I			
ENT A	4 4 6 4 7 4 6 7	CLAIMS REMAINING AFTER AMENDMENT	ga Marid Na Saja	HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	×	40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		+	135=		OR	+270=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	,,,,,,					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	\$ (\$) 5. %	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	· 40	Minus	**	357	= 5	x	\$ 9=		OR	X\$18=	90.00
AME	Independent	* '/ 7 NTATION OF M	Minus ULTIPLE DEP	*** ENDEN	T CLAIM	=	×	40=		OR	X80=	
L					<u> </u>		+	135=		OR	+270=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	4000
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	T CLAIM		<u> </u>	125-	-		+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

Total Fee Calculation

APPLICATION NUMBER:		•
	•	

	Fee Code	Total # Claims	Number Extra	x	Fcc	Fee =
	Sm./Lg.				Sm. Entity	Lg. Entity
Basic Filing Fee	201/101					710 -
Total Claims >20	203/103	3 -20 =	15	x	- A	270 =
Independent Claims >3	202/102		14	x	1	1120 =
Mult. Dep Claim Present	204/104				·	-
Surcharge	205/105					130 =
English Translation	139					

TOTAL FEE CALCULATION

rees due upon filing the app	lication	•
Total Filing Fees Due =	\$_	
Less Filing Fees Submitted	- \$	
BALANCE DUE	. = \$ <u> </u>	2230